

# Mandatory reporting: the view from the community

The law that mandates physicians to report domestic violence to law enforcement officials involves practitioners in community responses. When practitioners call the police, they open a door into territory that is often unfamiliar to them and their patients: the realm of criminal justice and social welfare. Physicians can improve their impact on domestic violence by better understanding the processes and agencies involved in community responses.

## What happens in the hospital

Ideally hospitals and medical associations have protocols with local law enforcement agencies and the battered women's support system that include having trained staff available to talk with a patient about the evidence of abuse, the need to contact the police, and what to do next to be safe. Before the police are called, staff would tell her about the services of the battered women's support system and suggest that she call them. If possible, a battered women's advocate would meet with her before the police arrive.

According to the mandatory reporting law, physicians are only required to complete and file a written report documenting injuries. If those are the only steps they take, however, physicians are likely to see battered women again—especially if abusers are not effectively held accountable. A recent mortality study in Florida reports that 88% of victims of domestic violence fatalities had a documented history of physical abuse.<sup>5</sup> Physicians depend on the criminal justice system to keep their patients free of injury by keeping the batterer at bay. Physicians' medical records of recurring injuries are testimony to an imperfect, or failing, system.

## How does the system work and how can physicians help?

The common goal for everyone involved in the community response is the safety of the battered woman and her children. Each participating professional attempts to insure her safety in different ways.

Officers gather evidence of a crime, assign a charge based on the criminal codes, arrest the perpetrator of the crime, transport him or her to jail, and submit reports to criminal court. They may also be called upon to uphold a stay-away order filed in civil court by the victim or to testify in court. All their protective actions must be based on clear evidence of a crime. Savvy abusers know how to harass, assault, and get away before police can respond, leaving no hard evidence. In one study, 60% of women reported acts of abuse after the

## Summary points

- The common goal in a community's response to domestic violence is the safety of battered women and their children.
- A phone call to a law enforcement agency is not enough to insure a woman's safety.
- Most domestic violence crimes are charged as misdemeanors. Batterers are often released after only 12 to 48 hours in jail.
- Shelter service programs support battered women and children as they develop safer lives.
- A domestic violence coordinating council provides the means to be an effective partner in a community response network.

entry of a protective order, and 30% reported acts of severe violence.<sup>5</sup>

The medical evidence, especially a body map or X rays, is sufficient for an arrest and may be the only evidence available. To avoid having to testify in court, practitioners are advised to leave the task of photographing injuries to the police. Also, time is needed for bruising to appear. The police response time to a call, their care in not frightening other patients with their presence, and their approach to patients all improve dramatically when physicians provide reports in formats that officers can use easily. Medical staff may benefit from contacting their chief(s) of police and sheriff, who can work with their officers so that good practices can be disseminated and protocols can be modified when they go awry.

There are about 1500 domestic violence shelters with advocacy and support programs in the United States. Funding, politics, and philosophies affect the capabilities of these battered women's programs. In California, most programs offer 24-hour phone access to a crisis advocate who helps victims assess their options: transportation to safety, shelter in safe places for up to 45 days, securing protective orders, attending criminal and civil court, peer counseling, finding more permanent housing, and making connections to social services.

Support programs are usually nonprofit organizations staffed by paraprofessionals, mostly women. Their role is to support women and their children as they develop safer lives. When a woman tries to leave a batterer, it is key to keep the shelter location secret. Any local shelter or support program can be found by calling the National Domestic Violence Hotline at 1-800-799-7733.

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Physicians may benefit from meeting support providers to find out what services they offer and to develop effective protocols for working together. Questions to ask: Do they have staff who can come to a hospital in the night? How much room do they have in their shelter? Do they have language interpreters? Do they have ethnically diverse and lesbian staff workers? Do they serve battered men? What are their policies about helping women with substance abuse or mental health problems?

Abuser accountability is often the least developed component of the community response system. The district attorneys and judges in the legal system have broad discretionary powers. Removed from the immediacies of seeing the contusions and broken lives of battered women and their children, they rely on the reports of third parties or the testimony of the frightened victims. Many abusers deny their offences when communicating with officials.

Laws are changing rapidly. Many judges, burdened with overcrowded schedules, are simply uninformed about the dynamics of domestic violence and changes in current laws. Like the district attorneys, they are under pressure to avoid costly trials. Unless there is well-documented evidence of grave bodily harm, or unless guns and drugs are involved, most domestic violence cases are reduced from felonies to misdemeanors and the batterer is set free within days, even hours, of arrest. He may be required to attend a weekly batterers' program, but these programs have not proved effective in preventing future violence.

Women are often in graver danger when the police become involved.<sup>6</sup> Physicians should always tell women when they plan to report injuries to the police, and women need to develop safety plans, with or without the help of shelter advocates. Many communities are creating domestic violence task forces or coordinating councils that meet to educate, crosstrain, and develop protocols and community education strategies. It takes time to learn the language of different professions and to understand each other's perspectives and constraints. Most task forces or councils try to include among their membership shelter advocates, law enforcement officials, representatives from the district attorney's office, judges, and personnel from victim witness, probation, and batterer treatment programs. In recent years, more public health and maternal child health professionals have joined these efforts.

Domestic violence councils can be found by calling the shelter program or the district attorney's office (listed in the phone book under county government). Because physicians are seen as colleagues of judges and district attorneys, their reports of the frequency and severity of injuries to victims of domestic violence, including children, may be more influential than those from advocates or police.

### What about the emotional side?

In the dynamics of domestic violence, there are complex emotional responses that all the best planned and most coordinated responses may fail to touch. For example, there is the compulsion in a person to control his partner, which means that he continually assaults her, even after being arrested, sent to treatment programs, or even sent to jail. When a woman decides to go back to live with a person who belittles and brutalizes her, minimizing the pain she has experienced and counting on love or hope to alter his behavior, there are emotions at work that keep her from responding to outsiders' best offers to help. These dynamics trigger reactions in everyone involved, and they can frustrate the efforts of everyone working together to minimize domestic violence. What they may show, however, is preventing patterns of abuse may require addressing the social and emotional roots of that abuse.

### Conclusion

In the area of domestic violence, society has come a long way in a relatively short time. The first shelters for battered women opened in 1964. In 1992 the American Medical Association released guidelines suggesting that doctors screen women for signs of domestic violence. Maryland passed the first state law that made wife-beating a crime in 1882. Whether or not it is wise to mandate medical practitioners to report evidence of domestic violence, the Mandatory Reporting Law passed in 1993 has done a service to the community by making the medical profession aware of the magnitude of the problem and the need to join others in alleviating it.

#### References and Resources

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#### Useful Web pages

American Medical Association:  
ama-assn.org

Domestic Violence Project of Santa Clara County:  
www.growing.com/nonviolent/index.htm

Family Violence Prevention Fund:  
www.igc.org/fund/

Minnesota Center Against Violence and Abuse:  
www.mincava.umn.edu

National Coalition Against Domestic Violence:  
www.ncadv.org/links